



State of Rhode Island and Providence Plantations

A. Ralph Mollis
Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Elderly Affairs, Department of

Rhode Island Department of Elderly Affairs, Hazard Building, 74 West Road, Cranston, Rhode Island, 02920

2. Title of Rule

Rules, Regulations and Standards Governing the Home and Community Care Services to the Elderly Program

3. Statutory Source of Authority

R.I. Gen. Laws section 42-66.3-1 et seq. "Home and Community Care Services to the Elderly", as amended

4. Concise Explanatory Statement – §42-35-2.3

The proposed filing is to amend client eligibility requirements so that they are tied to the federal poverty limits (rather than the Rhode Island Pharmaceutical Assistance to the Elderly Program (RIPAE) guidelines); to publicize income eligibility and personal needs allowance guidelines rather than cite them specifically in the Regulations; and to bring the Regulations into conformity with statutory provisions

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial – §42-35-3(b)

☐ Adoption

☐ Amendment of ERLID:

☐ Repeal of ERLID:

A2. Emergency 90-day renewal – §42-35-3(b)

☐ Adoption

☐ Amendment

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):

Final Rules

☒ B1. Amendment

☐ B2. Adoption

☐ B3. Repeal

☐ C. Technical Revision

Supersedes ERLID:

Repeals ERLID:

Expires ERLID:

If B1 or C, please indicate new, amended, deleted, or revised sections:

Amended sections: Section I, 300, 600,; Section II, 100, section IV, 100, 200,;Section V, 100, 200; Section VI ,100(b) (1); section VII, 100.

6. Notice and Hearing Information

Date of Public Notice – §42-35-3(a)(1):03/10/2009

Date of Public Hearing – §42-35-3(a)(2):04/21/2009

End of Comment Period:00/00/0000

7. Agency Additional Information – Web Page

<http://www.dea.ri.gov> .

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

Name

Notary Public

Title

Subscribed and sworn before me

this _____ day of _____, _____